

Catechesis of the Good Shepherd

St Therese Church
3416 E Marion, Seattle WA 98122
(206) 325-2711 x21

REGISTRATION

Child's Name _____

The following are session times that we have scheduled for this next year. Please indicate your 1st and 2nd choice by circling and numbering your preferences.

Level 1	Level 1 & Level 2
Wed, 10-12	Mon, 4-5:30
Thurs, 10-12	Wed, 4-5:30
Sat, 9:45-11:30	Thurs, 6-7:30

Please read and sign the following:

I agree to support my child's religious formation by:

1. Assuring my child is at the Atrium, well rested and on time.
2. Assuring my child's regular attendance at Mass and the Atrium throughout the year.
3. Attending any parent meetings scheduled throughout the year.

Signature _____

Family Information

Child's Name _____ Phone _____

Address _____ Email _____

City/State/Zip _____

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Address/Phone (if different) _____

Address/Phone (if different) _____

Religious Affiliation _____

Religious Affiliation _____

Children's Information

Gender: ___ Age: ___ Birthdate: _____

Allergies or physical conditions of which the catechists should be aware:

Names and ages of brothers/sisters:

Children's physician _____ Physician's phone _____

Physician's address _____

Preferred Hospital in case of emergency _____

Two emergency contacts, other than parents:

Name _____ Name _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

If the parents cannot be reached at the time of an emergency, and immediate treatment is urgent, in the judgment of the catechists, do you authorize the catechists to send your child (properly accompanied) to the hospital or doctor most easily accessible?

Yes _____ No _____

Signature _____ Date _____
